

**Stevens Point Housing Authority**

1300 Briggs Court | Stevens Point, WI 54481

Office: 715-341-3444 | Fax: 715-341-4656 | Website: [www.spha-wi.org](http://www.spha-wi.org)

Date Received on:

Notice to Move

Your name, address, phone number, and email:

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I intend to be out of the apartment on **(date)**: \_\_\_\_\_

My **forwarding address** is:

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My reason for moving is:

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**Choose one:**

I want to be present during the move-out inspection. Please call 715-341-3444, ext. 3 to set-up a move-out inspection.

I will NOT be present during the move-out inspection. I waive my right to be present at the move-out inspection. I understand and accept any charges that may be assessed.

\*Initial that you have read and understood the following:

\_\_\_\_\_ I understand that I must remove my property from the apartment when I surrender the unit. Property left will be disposed of by the Authority. The cost of disposal will be assessed to me.

**Remember:**

1) Missing keys - a \$7.00 per key charge plus a lock change charge will be assessed.

2) If you pay utilities to WPS you must contact *Wisconsin Public Service (800-450-7260)*, to remove your name from service.

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3) For additional instructions and information on how to have a positive move-out refer to the form titled *Move-Out Requirements* located in your Tenant Handbook (copy attached).

Your Signature and Date:

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October 2020

For Office Use:

\_\_\_\_ Copy of Move-out Requirements given to tenant.